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FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25067

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 52

1. PLACE OF DEATH 1a. COUNTY <u>Stone Jersey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Jersey</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. CITY OR TOWN <u>Branson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Memorial</u>		e. STREET ADDRESS (If rural, give location) <u>106g</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Gene</u> c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 - 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/>	8. DATE OF BIRTH (Month) (Day) (Year) <u>July 10 - 1955</u>
9. AGE in years (last birthday) <u>7</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>V</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>V</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Branson Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Otis White</u>	
13b. MOTHER'S MAIDEN NAME <u>Levonia James</u>		14. NAME OF HUSBAND OR WIFE <u>Reed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>2</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Otis White Reed</u>		ADDRESS <u>Reed Springs</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis left lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs. no.</u>	
ANTECEDENT CAUSES (b) <u>prematurity (6 1/2 mos)</u>			
II. OTHER SIGNIFICANT CONDITIONS (c) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-10, 1955</u> to <u>7-10, 1955</u> , that I last saw the deceased alive on <u>7-10, 1955</u> , and that death occurred at <u>11:30 am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.C. Wagner M.D.</u>		23b. ADDRESS <u>Branson mo</u>	
23c. DATE SIGNED <u>7-11-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 11-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nickerson</u>		24d. LOCATION (City, town, or county) (State) <u>Reed Springs mo</u>	
DATE REC'D BY LOCAL REG. <u>7-11-55</u>		REGISTRAR'S SIGNATURE <u>Helen Campbell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett J. Cheatham</u>		ADDRESS <u>Salena mo</u>	

Discouraged Embalmer's Statement on Reverse Side

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{no} ~~embalmed~~
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Everett J. Cheatham*.....

Licensed Embalmer No... *38*.....

P. O. Address *Galena,*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.